

REMARKS

Applicant confirms the election of Figs. 1-3, claims 1-8, 15 and 16.

The present invention relates to a retrograde cannula for delivering fluid to a vessel of a patient. The cannula has an infusion lumen for conducting fluid to be discharged into the patient's vessel, a stylet lumen extending adjacent to the stylet lumen for receiving a stylet, and an expandable sealing member arranged for being expanded into sealing relationship with a wall of the vessel. Importantly, the distal end of the stylet lumen is blocked (e.g., by plug 32), and the sealing member is in non-communication with the stylet lumen. Thus, the cannula has a stylet lumen which is dedicated to the reception of the stylet; the stylet lumen can neither deliver fluid to a patient's vessel nor conduct fluid to expand the sealing member.

None of the prior art cited in the Official action teaches or discloses the combination of a stylet lumen which is both blocked at its distal end and in non-communication with an expandable sealing member. As noted earlier, that prior art does not disclose or teach a dedicated stylet lumen; the only reason for blocking a stylet lumen in the prior art is to ensure that balloon-inflating fluid is delivered to the balloon, rather than flowing out of the cannula. If a prior art lumen was not in communication with such a balloon, there was no disclosure of blocking its distal end.

Accordingly, it is submitted that claim 1 distinguishes patentably over the cited prior art.

Claim 15, which stands rejected over O'Neill et al., discloses a method of infusing a vessel with fluid using a retrograde cannula wherein a stylet is inserted into a stylet inlet 42 of a lumen and manipulated to introduce a distal end of the cannula into a patient's vessel. After removing the stylet through the stylet inlet 42, fluid is conducted through a fluid inlet 40 of the lumen which is spaced from the stylet inlet.

In the O'Neill et al. patent, a stylet 14 is inserted through the inlet 76 of an infusion lumen 26 to manipulate the cannula into a vessel. Thereafter, the stylet is removed and cardioplegia is infused through the same inlet 76 (see column 12, line 47). Note that the cannula also includes an inlet 24 for introducing fluid to inflate a balloon, and an inlet 78 for sensing pressure within the vessel, but they do neither receive a stylet nor conduct cardioplegia. Therefore, it will be appreciated that the stylet and the cardioplegia are introduced through the same lumen inlet in O'Neill et al., rather than through different respective inlets as in the method defined by claim 15. Accordingly, claim 15 is not anticipated by O'Neill et al.

Claim 15 has been amended to change "catheter" to -- cannula -- to be consistent with the preamble of the claim.

In light of the foregoing, it is submitted that the application is in condition for allowance.

Respectfully submitted,

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